

BURGH OF PAISLEY



REPORT

OF THE

Public Health Department

For the Year 1923

BY

G. V. T. M'MICHAEL, M.B., Ch.B., D.P.H.

Medical Officer of Health



PAISLEY: ALEXANDER GARDNER, LTD.

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*To the Provost, Magistrates, and
Town Councillors of the
Burgh of Paisley.*

GENTLEMEN,

I have the honour to submit my Report on the work of the Public Health Department for the year 1923. The first part of the Report consists of a general review of the work of the various branches of the Department; the second part consists mainly of more detailed information and the usual statistical tables and returns.

The Vital Statistics reveal very favourable figures. The general Death Rate was 11·5, and the Infantile Mortality Rate was 66 per 1,000 births, both being the lowest rates ever recorded for the town.

Last year, I had the privilege of reporting the very handsome and generous offer of Miss Russell, of Muirfield, Paisley, to erect and equip a Central Medical Institute for the mothers and children of the town, and, in the section of this year's Report dealing with the Maternity and Child Welfare Scheme, I have included further interesting details and plans of the accommodation which the Russell Institute will provide.

The Report is submitted in accordance with the requirements of the Scottish Board of Health.

I have the honour to be,

GENTLEMEN,

Your obedient Servant,

G. V. T. M'MICHAEL,
Medical Officer of Health.

PUBLIC HEALTH OFFICE,
PAISLEY, JULY, 1924.



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BURGH OF PAISLEY

Report of the Public Health Department for the Year 1923

PART I.

VITAL STATISTICS.

THE Vital Statistics for the year under review are based on the estimate of population laid down by the Registrar-General.

Population.—The population estimated to the middle of 1923 was 86,027; this gives an estimated increase over the figure for 1922 of 677.

Area.—The area of the Burgh is 3,487 acres. The density of population is 24·67 persons per acre.

Birth Rate.—There were 2,020 births, 1,044 males and 976 females, giving a birth rate of 23·5; in 1922, the rate was 24·8, in 1921, 26·3, and in 1920, 28·4. This steady decline of the birth rate is not confined to Paisley, as the rate for the whole of Scotland is 22·8, which is the lowest rate ever recorded with the exception of those of 1917, 1918, and 1919, each of which was affected by war conditions. The average birth rate for the larger Scottish Burghs for 1923 was 24·1.

Illegitimate Birth Rate.—This rate was 4·2 per cent. of the total births, a figure rather lower than the average rate.

Death Rate.—The number of deaths was 992, giving a death rate—corrected for transfers—of 11·5. This is the lowest death rate ever recorded for the town, the previous lowest rate being 12·8 in 1920. The average rate for the last five years is 13·4, a highly creditable figure for a large industrial town like Paisley.

The rate for the whole of Scotland for 1923 was 12'9, the lowest rate ever recorded; the rate for the larger Scottish Burghs was 13'5, and for the County Districts, 12. Paisley, therefore, returned a rate not only lower than the figures for the whole country, but lower than that of the County Districts, a record probably never before achieved.

It is of course highly gratifying to be able to record such exceptionally low death rates for the last five years. Public Health activities have developed very rapidly during that period, and the striking improvement in the Public Health as revealed by the figures given above is surely the best justification of these activities and of the expenditure which they involve: communal health can be purchased, and—even from the strictly material point of view—is surely worth purchasing.

This very creditable health record of recent years should not, however, be allowed to lull us into a state of complacent self-satisfaction, or to make us imagine that we can afford to rest content with our present health activities. Sustained and progressive action is absolutely necessary if we are even to maintain—far less improve on—our present standard of health. There are many big problems which have still to be tackled honestly and seriously. The housing problem is yearly becoming more aggravated, and will probably never be solved until it is lifted right out of the domain of party politics; a national policy, formulated by experts and agreed on by the politicians of all parties, is absolutely essential. Pollution of the atmosphere by smoke, and the question of our milk supply—root causes of preventable disease—are other two big problems which so far have merely been tinkered with, and which call urgently for national action. No one with any knowledge of the facts can honestly be satisfied with the present environment of the working classes, especially in our large industrial towns.

The principal causes of death during 1923 were as follows: heart disease, 139; cancer, 110; apoplexy, 74; pulmonary tuberculosis, 71; pneumonia, 62; bronchitis, 41.

The low prevalence of epidemic respiratory diseases such as influenza, pneumonia, measles, and whooping cough, was

undoubtedly the chief factor in producing such a low general death rate, these diseases only causing 124 deaths, compared to 465 deaths during 1922.

Infantile Mortality Rate.—Deaths of children under one year amounted to 133, giving a rate of 66 per 1,000 births. This is easily the lowest infantile mortality rate ever recorded, the previous lowest rate being 80, in 1918; the average rate for the last five years is 92·6.

The rate for the whole of Scotland for 1923 was 79, the lowest rate ever recorded; the rate for the larger Scottish Burghs was 85, and for the County Districts, 70.

Diseases of early infancy and malformations account for 70 deaths, more than 50 per cent. of the total number, another striking argument in favour of effective ante-natal care of the expectant mother. Pneumonia and bronchitis were responsible for 16 deaths, against 68 in 1922, while measles and whooping-cough accounted for only 7 deaths, against 41 in 1922.

Tuberculosis Mortality Rate.—The rate for deaths from all forms of tuberculous diseases was 1·22, and the phthisis rate was 0·83 figures slightly under those of recent years, but still rather higher than the corresponding figures for the whole of Scotland.

For purposes of comparison, I give below a table showing the chief rates during the last five years.

	1919	1920	1921	1922	1923
Population (estimated), ...	89,425	88,113	84,837	85,350	86,027
Birth Rate, ...	21·8	28·4	26·3	24·8	23·5
Illegitimate Birth Rate, ...	7·0	6·0	4·5	5·7	4·2
Death Rate, ...	13·4	12·8	13·3	16·1	11·5
Infantile Mortality Rate, ...	100	86	94	117	66
Tuberculosis Mortality Rate,	1·12	1·37	1·34	1·31	1·22
Phthisis Mortality Rate, ...	0·77	0·96	0·97	0·91	·83
Zymotic Mortality Rate, ...	0·68	0·90	0·78	1·70	·58
Marriage Rate, ...	8·0	9·9	8·3	6·8	7·5

CONTROL OF INFECTIOUS DISEASES.

A.—HOSPITALS.

Infectious Diseases Hospital, Bridge Street.—The number of cases remaining in hospital on 31st December, 1922, was 61; the number admitted during 1923 was 576; giving a total of 637, compared with a total of 678 for the year 1922. Of the total, scarlet fever accounted for 290 cases, acute pneumonia for 116, diphtheria for 84.

In my last Report, I drew attention to the increasing difficulty of providing proper isolation for all the different diseases for which hospital treatment is now demanded, and recommended that the sub-division of some of the larger wards was worth consideration; our experience during 1923 as regards cross-infection of cases leads me once again to enter a plea for the adoption of such a plan.

We were very fortunate in being able to retain the services of Dr. Mary Steven as Resident Medical Officer, and the work of the nursing staff, under the most efficient supervision of the Matron, Miss Dick, was excellent throughout the year.

Reception House, Bridge Street.—There was no occasion during 1923 to utilise the accommodation at the Reception House.

Gockston Smallpox Hospital.—Once again we were fortunate in having no cases of smallpox, and we were thus able to provide hospital treatment for tuberculosis cases throughout the whole year.

In previous reports, I pointed out the most unsatisfactory state of affairs entailed by the maintenance of this hospital in its dual rôle of smallpox and tuberculosis hospital, and I am, therefore, very gratified to be able to record that towards the end of 1923, the Town Council entered into negotiations with the West Renfrewshire Combination Smallpox Hospital Committee, with the result that the Committee have now agreed to admit Paisley to the Combination; in future, therefore, all our cases of smallpox will be treated at the Johnstone Combination Hospital. The

Burghs of Greenock and Gourock have also joined the Combination, and Renfrewshire is now in the fortunate position of being able to accommodate all cases of smallpox in one modern, well-equipped hospital, an ideal arrangement undoubtedly conducive both to efficiency and economy.

Miss Kettles, Matron at Gockston Hospital, continues to discharge her duties in her accustomed conscientious manner.

B.—INFECTIOUS DISEASES.

The total number of cases of infectious diseases—apart from tuberculosis—was 1,830; in 1922 this figure was 3,319, and in 1921 was 1,578. Notifiable diseases accounted for 957 cases, measles for 303 cases, while mumps (244), whooping cough (196), and chickenpox (130) made up the remainder of the total. There were no epidemic outbreaks of any disease during the year.

Scarlet Fever.—Cases notified, 331; removed to hospital, 284; there were 7 deaths, giving a case mortality—per 100 cases—of 2'1. While there was no epidemic outbreak, the prevalence of this disease remained at an unusually high level during the year. Fortunately, the great majority of the cases were of the very mild type.

The percentage of cases removed to hospital was 85, compared to the figure of 81 for 1922, and 88 for 1920 and 1921. I would again strongly advocate home isolation of mild cases, wherever possible, in order that we may be able to devote more money and hospital accommodation to the treatment of these much more serious diseases, measles, whooping cough, and acute pneumonia.

Diphtheria.—Cases notified, 118; removed to hospital, 117; case mortality, 6'7 per cent. These figures indicate a more or less normal incidence and mortality. I am glad to be able to report that, with one exception, all cases were treated in hospital; the results afford ample justification for such a policy.

While the mortality is now extremely low compared to pre-antitoxin days, diphtheria still remains a very serious and treacherous disease, especially to young children. It will not be out of place, therefore, in this Report to direct attention to the

Schick test, a discovery of recent years which promises a really effective method of actual prevention of the disease. In essence, it consists of a clinical test for the determination of susceptibility to diphtheria; not only so, but as a result of its introduction, a procedure for the active immunisation of susceptible children has been successfully developed. The immunity produced by the injections of the toxin-antitoxin mixture lasts certainly for six years, probably for the remainder of life. In America, the Schick test and, where necessary, the production of active immunity, is now part of the routine work of medical men and of Health Authorities, and in many American institutions diphtheria has now practically disappeared. In this country the test has not as yet been employed on any large scale, having been used hitherto chiefly in residential schools and institutions. Progressive Local Authorities, however, are gradually coming to recognise the great benefits to be derived from its application, and Aberdeen and Edinburgh have already taken steps to offer free immunisation to susceptible children through the medium of the Child Welfare and School Clinics. The results obtained both in this country and in America leave little room for any doubts as to the practical value of such a scheme, and what is now required is the education of the public regarding the benefits of the test and of the process of active immunisation.

Enteric Fever.—Three cases of this disease were notified during the year, but, despite searching investigations, no source of infection in any of the cases could be discovered; all the cases recovered.

Typhus Fever.—There were no cases of this disease notified during the year, a gratifying fact in view of the continued deplorable overcrowding in the town.

Smallpox.—There were no cases during 1923. The increased prevalence of smallpox in England during recent years is shown by the following figures:—in 1921, notifications numbered 315; in 1922, 973; in 1923, 2,486; in 1924 (up to 9th February), 478. In view of these figures, it should hardly be necessary to point out again that the necessity for vaccination and re-vaccination—the perfect safeguard—is as urgent and vital as ever.

Measles.—303 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department, chiefly through the Education Authority. 30 cases, practically all complicated with pneumonia, were treated in hospital. There were 8 deaths, giving a case mortality of 2·6 per cent.; no serious case was refused admission to hospital. In 1922, the figures were 997 cases, 71 deaths, and a case mortality of 7·1 per cent.

The action of the Local Authority in 1922 of making all forms of pneumonia compulsorily notifiable has been amply justified. It has enabled us to get into touch at once with practically all the severe cases of measles and whooping cough, and to offer the very necessary hospital treatment. What is now required for these two deadly diseases of young children is a convalescent home, which would not only obviate the necessity of unduly prolonging expensive hospital treatment, but would also undoubtedly prevent in many cases the subsequent development of tuberculosis, to which measles and whooping cough only too frequently predispose.

Whooping Cough.—196 cases were brought to our notice; 15 severe cases were treated in hospital; there were 11 deaths, giving the low case mortality of 5·6 per cent. All the 11 deaths occurred in children under 2 years. The type of the disease was, fortunately, mild during the year; in 1922 there were 50 deaths out of 277 cases which came to our notice. As, however, this disease is not compulsorily notifiable, and as it chiefly occurs in children under school age, the above figures give no real index of its prevalence.

Erysipelas.—There were 63 cases notified, of which 20 were treated in hospital; there were no deaths.

Cerebro-Spinal Fever.—1 fatal case occurred during the year.

Chickenpox.—130 cases came to our notice. Owing to the prevalence of smallpox in England and the possibility of errors in diagnosis between chickenpox and smallpox, the Scottish Board of Health made the former disease compulsorily notifiable from 23rd July, 1923, to the end of the year; during that period, 110 cases were notified.

Puerperal Fever.—Cases notified, 8; cases removed to hospital, 5; deaths, 4.

To all interested in this disease—more especially to midwives and medical practitioners, I would recommend perusal of the recently issued Report of the Departmental Committee on Puerperal Morbidity and Mortality. That Report showed that during the years 1911-1922, puerperal sepsis accounted for 27·29 per cent. of the total maternal deaths, and there can be no doubt that such a mortality figure is reducible and ought to be reduced.

Ophthalmia Neonatorum.—Notifications numbered 66, of which, however, only 18 may be regarded as actual cases of the disease; the remainder were simply cases of mild, transient inflammation of the eyes which midwives are rightly compelled to notify in order to ensure that serious cases are not overlooked. No impairment of vision occurred in any case.

Malaria.—2 cases were notified, both ex-service men who contracted the disease abroad.

Dysentery.—7 cases were notified; one case came to Paisley from Glasgow, after receiving hospital treatment there. The other six cases were all members of one household, the infective organism being the Flexner (Z) Bacillus. The first case was a most acute one, a boy of 7 years, who died within 24 hours, death being certified as acute enteritis. The medical man in attendance asked me to inquire into the case as he was suspicious of food-poisoning. Inquiry showed that the father—an ex-service man—had suffered from dysentery while in the army, and had had recurrent attacks of diarrhoea ever since his discharge. Three of the children took ill about the same time, all of them fairly acutely, although only the first case died; the mother and other two children had very mild transient attacks about a week later. All the cases were removed to hospital, and the bacteriological examination was positive in all cases. Repeated examinations failed to give a positive result in the case of the father, although there could be little doubt that he was responsible for the outbreak.

Pneumonia.—Total notifications, 296, classified as follows:—acute pneumonia, 246; acute influenza pneumonia, 4; other forms, 46. Cases removed to hospital, 155, or 52 per cent., of which 108 were treated in the Fever Hospital, 39 in the Royal Alexandra Infirmary, and 8 in Craw Road Institution.

Deaths numbered 62, giving a case mortality of 20·09 per cent.; in 1922, deaths numbered 150, and the case mortality was 27·9 per cent. There can be no doubt whatever of the value of providing hospital accommodation for such cases. The case mortality of the 108 cases treated in the Fever Hospital was 12·9 per cent., compared with a case mortality of 24·8 per cent. for the 141 cases treated at home. Thanks are due to the local medical practitioners for encouraging removal of so many cases to hospital.

Influenza.—This disease is not notifiable, but the fact that it only accounted for 2 deaths during the year may be taken as an indication of low prevalence.

Infectious Disease Carriers.—It was not found necessary to invoke the aid of the useful powers contained in these Regulations.

MUNICIPAL LABORATORY.

The Bacteriological Laboratory at the Fever Hospital continues to do most useful work. I would again point out to medical practitioners the danger of relying too much on bacteriological examinations in the case of diphtheria and pulmonary tuberculosis. Experience has shown that in the case of diphtheria about 20 per cent. of definite clinical cases may be expected to give a negative swab, while repeated examinations of sputa, in the case of phthisis, may be necessary before a positive result is obtained, even where the disease is in an advanced stage. In both diseases, clinical evidence should always be relied on in preference to bacteriological examinations.

The following table summarises the work done during 1923:

DISEASE.	No. of Specimens	Positive Results	Negative Results.
Diphtheria, ...	163	20	143
Enteric Fever, ...	10	2	8
Sputa, ...	153	40	113
Venereal Diseases, ...	8	2	6
Cerebro-Spinal Fever, ...	1	1	0
Other Diseases, ...	10	1	9
Total, ...	345	66	279

The above figures refer to specimens sent in for examination by medical practitioners; in addition, 260 examinations were made of specimens from patients under treatment in the hospital

MATERNITY AND CHILD WELFARE SCHEME.

RUSSELL INSTITUTE FOR MOTHERS AND CHILDREN.

In my last Report, I announced the very handsome offer of a Central Medical Institute for Mothers and Children by Miss Russell, of Muirfield, Paisley, and outlined briefly the scope of this great scheme which will enable us to concentrate all the numerous clinics for mothers and children under one roof, and will thus go a very long way towards providing us with the means of maintaining effective continuity of health supervision, an ideal policy which is bound to result in increased efficiency, and also in a considerable saving of public money.

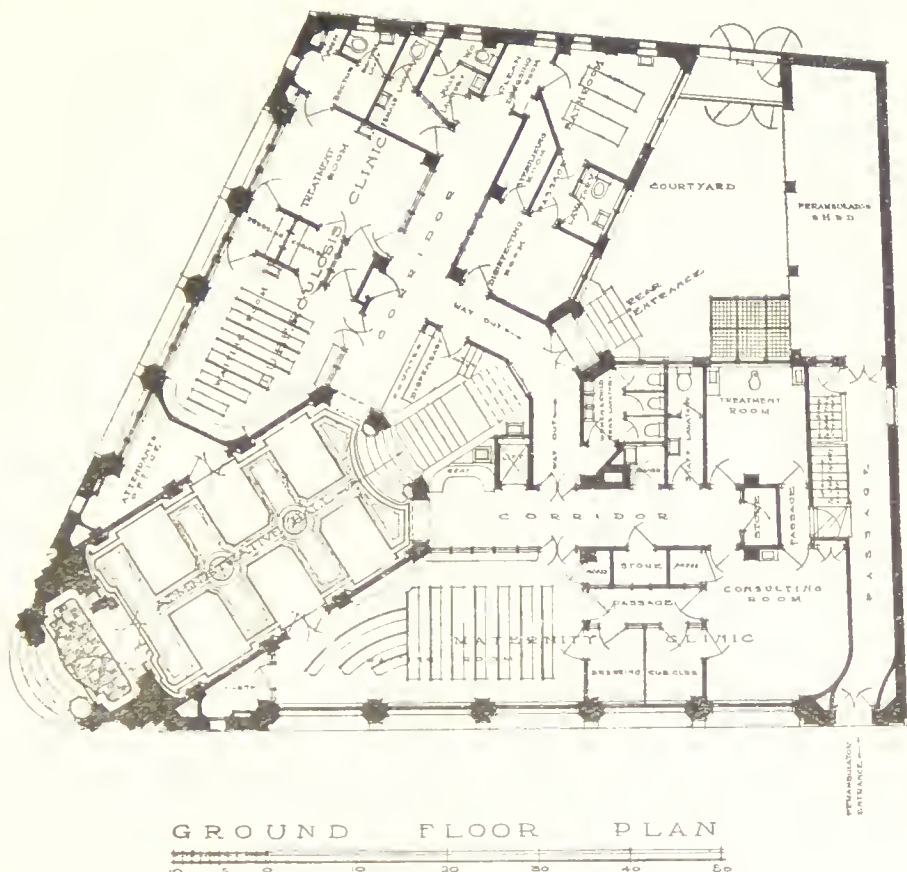
Miss Russell and her advisers have lost no time in pushing on with the scheme. They acquired an ideal central site at the junction of New Street and Causeyside Street, and Messrs. Abercrombie & Maitland were appointed Architects. Plans were prepared, and, after some unavoidable delay owing to the difficulty of finding alternative accommodation for the tenants of the three properties which had to be demolished to clear the site, building operations have been commenced, and will be pushed on as rapidly as possible.

Through the courtesy of the Architects, I am enabled to include in the Report sketch plans of the Institute, and I outline below a description of the accommodation which will be provided.

The plans show a handsome and imposing structure, consisting of three principal floors, a basement, and an attic. The building will be of reinforced concrete construction, and will be fireproof; the frontages to the streets will be built with dressed stone, with a base of black granite. The Architects have consistently kept in mind the importance of securing the greatest possible amount of light, and the building has been planned accordingly.

The first and second floors are devoted to the various clinics for the inspection and treatment of school children, together with the administrative offices of the School Medical Department; they are reached either by lift or by the main staircase.



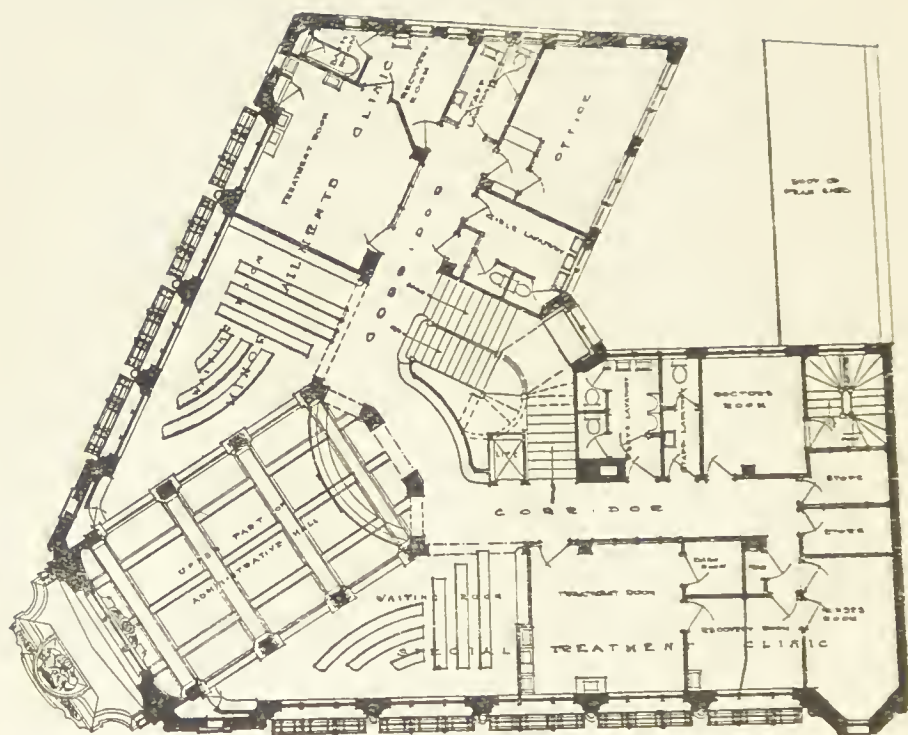


THE RUSSELL INSTITUTE PAISLEY

ABER ROSE & MATLAND, Architects.

The main entrance is at the corner of the two streets, and leads into a spacious and handsome entrance hall, where the attendant's office is situated. To the left of the entrance is the Tuberculosis Department, consisting of a large waiting room, two dressing cubicles, and consulting room with a small dark room attached for laryngoscopic work. Across the passage from the Tuberculosis Department is the Clinic for dealing with verminous children; in one room the children discard their infested clothing, pass through to have a bath, and then into another dressing room, where they receive their clean clothing, which has meantime been passed through a disinfecting chamber.

To the right of the entrance is the Maternity and Child Welfare Department, consisting of a spacious waiting room, with nurse's office, two dressing cubicles, medical officer's consulting room, and a treatment room for minor ailments, etc.; all the various rooms communicate direct with each other. The dispensary and various stores, etc., are also situated on the ground floor. At the back there is a courtyard with a shed where perambulators may be left while the mother attends the clinics; there is a separate entrance to the courtyard, which is also provided with a rear entrance to the Institute itself.

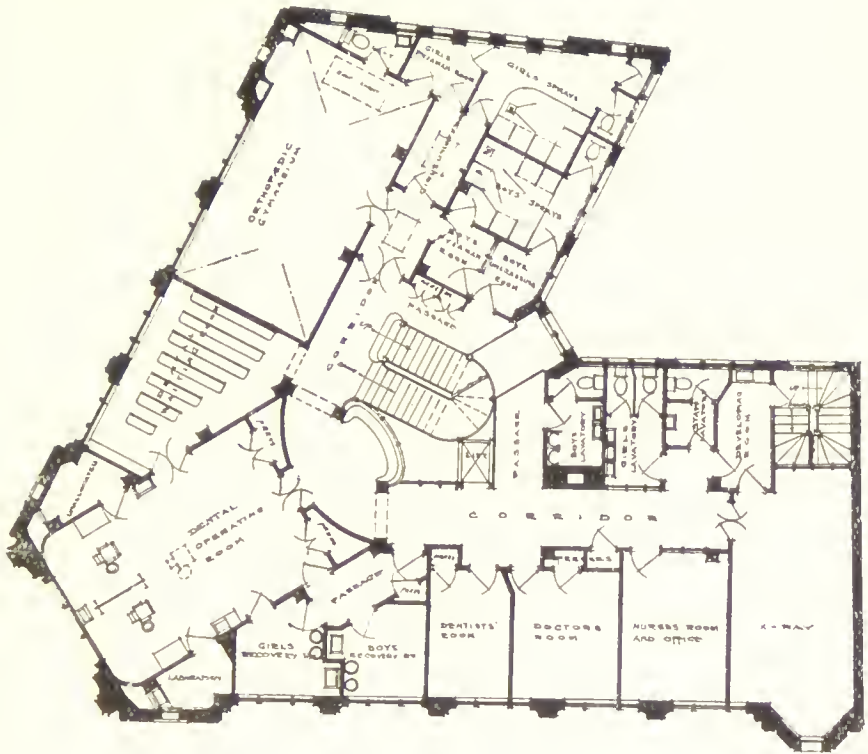


FIRST FLOOR PLAN

THE RUSSELL INSTITUTE PAISLEY

ABERCROMBIE & MAITLAND, *Architects.*

To the left is the Minor Ailment Clinic, consisting of a large waiting room, treatment room, recovery room, and bathroom. To the right is the Special Treatment Clinic for dealing with diseases of the eye, ear, nose, and throat, etc.; here the accommodation consists of waiting room, operating theatre and treatment room, recovery room, dark room, and an attendant nurse's room. On this floor there is also situated the main office of the School Medical Department, a room for the medical staff, various stores, etc.



SECOND FLOOR PLAN



THE RUSSELL INSTITUTE PAISLEY

• ABERCROMBIE & MAITLAND, Architects.

Here the Dental Clinic occupies the central position; it consists of a waiting room, a spacious operating room where at least two dental surgeons can work at the same time, a dental laboratory, separate recovery rooms for boys and girls, and a private office for the dental surgeons. Arrangements will of course be made whereby the Dental Clinic and the other Special Clinics will be available for children under school age.

The Remedial or Orthopaedic Department for the treatment of deformities, etc., is also situated on this floor. Here the children undress in one room, pass through to a bathroom provided with spray baths, then to a small room where they don pyjamas, and finally to a large gymnasium, where remedial exercises, etc., are carried out; separate dressing and bathing accommodation is provided for boys and girls.

An X-Ray Department completes the medical accommodation on this floor, where there is also a private room for the School Medical Officer and a nurse's office.

The Janitor's house on the attic floor consists of three apartments, with scullery, bathroom, etc. In the basement is situated the heating chamber, etc.

A central heating system will be provided, and the building will be lit by electric light throughout. Generous lavatory accommodation both for patients and staff is provided on each floor.

The foregoing description, together with the sketch plans, will give all those interested a fair idea of the scope of this great project. Miss Russell and her advisers may, I think, be heartily congratulated on the plans produced by the architects. When it is realised that this magnificent institution will be erected and equipped by Miss Russell, and handed over to the Health Authorities free of all cost, I am sure all will agree that the citizens of Paisley may be even more heartily congratulated on their good fortune.

SCOPE OF THE PRESENT SCHEME.

Staff.—This remains the same: 1 Administrative Medical Officer; 2 Assistant Medical Officers; 4 Health Visitors; and 1 Epidemic Nurse for home visitations of cases of Infectious Diseases in young children.

I review below the work under the main provisions of the scheme; further details, mainly statistical, but none the less interesting, will be found in Part II. of the Report.

(1) *Home Visitation by Doctors and Nurses.*

During the year, 8,415 home visits were paid, the highest annual figure since the institution of the scheme. The educative value of this home visitation cannot be over-estimated, and I look forward to the time when a larger staff will be provided, so that this most important work will receive the attention it deserves. At present, the Health Visitors have to devote practically half their time to the Clinics and the necessary office work, etc.

(2) *Supervision of Midwives.*

Strict supervision continues to be maintained over the practice of midwives.

There are 42 midwives on the local roll, 15 of whom hold the C.M.B. Certificate or its equivalent; 1,117 births—55·13 per cent. of the total—were conducted solely by midwives during the year.

Dr. Ella Pringle, Assistant Medical Officer, paid 82 domiciliary visits, and inspected registers, bags, etc., and in the great majority of cases these were found in satisfactory order. Five midwives were reported to me for minor offences against the rules of the Central Midwives Board, but it was not considered necessary to report any case to the Board.

Further details of the work under this heading will be found in Part II. of the Report.

(3) *Provision of Food, Milk, and Clothing to Necessitous Mothers and Children.*

The principal figures of the work done under this heading are as follows:

Food.—108 expectant and nursing mothers were supplied with 2,197 dinners, at a cost of £91 7s. 9d.

Milk.—997 families were supplied with milk, at a cost of £352 13s. These figures show a decreased expenditure of £42 on the figures for 1922.

Clothing.—Once again a generous donation of £20 was received from the Peter Brough Bequest Fund, and was expended on material for baby clothing, to help deserving mothers in necessitous circumstances.

Dinners are supplied to expectant mothers in the last three months of pregnancy, and to nursing mothers for three months after the child is born. Milk is supplied to bottle-fed babies and to children under 2 years. The scale of "necessity" at present in force is 9s. per adult and 6s. per child.

There can be no doubt about the value of this branch of Public Health work; it ensures that expectant and nursing mothers in necessitous circumstances can get at least one good nourishing meal in the day, and that the children receive an adequate supply of milk—the ideal food—during the years when the foundation of health is laid.

(4) *Day Nursery.*

The Hugh Smiley Day Nursery—a voluntary institution—continues to do excellent work.

(5) *Clinics for Mothers and Children.*

There was no change in the clinic arrangements during the year; each week 11 clinics are held throughout the town, as follows:

Clinics for Mothers and Children—

Bridge Street Dispensary, ...	4
Great Hamilton Street, ...	1
George Street, ...	1
Mossvale, ...	1

Ante-Natal Clinic for Expectant Mothers—

Bridge Street Dispensary, ...	2
----------------------------------	---

Dental Clinics—

Bridge Street Dispensary, ...	2
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Interesting and informative statistical tables, prepared by Dr. Pringle, detailing the work carried out at these clinics, will be found in Part II. of the Report. The following table shows the extent of the work during the year at the clinics for mothers and children. For purposes of comparison, the figures for 1922 are also given:

	1923.		1922.	
	Total Attendances.	Average No. per Session.	Total Attendances.	Average No. per Session.
Bridge Street, ...	7,691	37·8	6,932	34·4
Gt. Hamilton St., ...	2,776	54·4	2,657	51·1
George Street, ...	2,762	57·5	3,087	60·5
Mossvale Street, ...	1,728	34·5	1,756	35·1
Total, ...	14,957		14,432	

The primary object of these clinics is to help the parents to keep their children well and healthy; the prevention of disease is the chief aim. The attendances at these clinics have increased steadily every year, which shows, I think, that the work done there is being appreciated; milk is not distributed from the clinics, and drugs are used as little as possible, so that it cannot be said that there are any purely material advantages to be gained by attending.

(6) *Ante-Natal Clinic for Expectant Mothers.*

I subjoin a table showing the principal figures of this clinic during the last three years; in Part II. of the Report, Dr. Pringle gives further interesting details.

	1921	1922	1923
Number of sessions, ...	25	86	99
Number of expectant mothers attending, ...	167	404	404
Total attendances, ...	1,019	1,124	1,408
Average attendance per session,	20	13'06	14'22
Cases referred to Barshaw Maternity Hospital, ...	...	113	187

It is most encouraging to find that the mothers of Paisley are more and more appreciating the facilities afforded by this clinic. There is no more promising field for real preventive work than the ante-natal care of the expectant mother, which—as I pointed out in my last Report—constitutes the real key to the reduction not only of puerperal mortality and morbidity, but also of the high figures of still-births and neo-natal mortality.

On this point, it will not be out of place to quote briefly from the recently issued Report of the Scottish Departmental Committee on Puerperal Morbidity and Mortality, a Report which would well repay careful study not only by medical practitioners and midwives, but also by members of Local Authorities and other interested bodies. The Committee say: "The evidence we have received is unanimous on the essential point that the present maternal mortality of Scotland is reducible. . . . The remedial measures which have called for consideration have all grouped themselves round the care of the individual woman. . . The time of greatest efficiency for all of these factors is in each woman her ante-natal period. Increased ante-natal care of the mother and due training and co-operation of her professional attendants will together include most of the remedial measures which are at present applicable to the prevention of maternal mortality and morbidity."

The medical profession recognises these facts. Prejudice on the part of the mothers is probably the greatest obstacle in the way of the wider adoption of ante-natal care. It is the plain duty

of these mothers in Paisley who can afford it to consult their doctor early in pregnancy and place themselves in his hands; for those who cannot afford a private doctor there is the ante-natal clinic, and, finally, there is ample accommodation at Barshaw Maternity Hospital for all serious complications of pregnancy, for abnormal cases of labour, and for those necessitous cases whose circumstances render a safe confinement at home impossible. May I again express the hope that the local medical practitioners and midwives will lend their all-powerful aid in the necessary education of the public.

(7) *Dental Clinics.*

Mr. George Young, L.D.S., our Dental Surgeon, once again records an increase in the work at the dental clinics. There is no doubt that the time allotted—4 hours per week—is quite insufficient to cope with the growing demand of the parents for dental treatment for their children, and I again plead that, whenever financial conditions improve, an increased allowance for this very necessary work should be given. By preventive work among children under 5 years, much of the time and money spent on the dental treatment of school children could be saved.

The following figures show how the work has grown: further details will be found in Part II. of the Report:

				No. of Clinics.	Attendances.
Year 1919,	...	...	...	8	44
Year 1920,	...	...	...	38	280
Year 1921,	...	...	...	93	687
Year 1922,	...	...	...	98	857
Year 1923.	...	...	...	98	1,059

(8) *Hospitals and Convalescent Homes.*

A.—Biggart Memorial Home, Prestwick.

Cases of illness in young children—not serious enough for hospital treatment—are sent to the Prestwick Homes; early cases of rickets, “pretuberculous” children, and cases of debility following pneumonia and other serious infectious diseases derive particular benefit. Expenditure on this essentially preventive work is eminently justified, as a short stay in a convalescent home

is often sufficient to prevent incipient disease becoming definitely established, thus avoiding the necessity later on of the far more costly hospital treatment. 13 young children received treatment at Prestwick during 1923, the cost being 30s. per week per child.

B.—Eye Infirmary, Mansionhouse Road, Paisley.

To this institution are referred all cases of ophthalmia neonatorum, that grave disease in infants which formerly was the cause of so many cases of complete loss of vision. Dr. Gilchrist and his staff may be congratulated on the fact that in no case during at least the last five years has any impairment of vision resulted.

C.—Royal Alexandra Infirmary.

As in past years, I have again to thank the staff of this institution for their assistance and co-operation; numerous cases from our clinics requiring special treatment are referred there, and invariably receive prompt and effective attention.

D.—Infectious Diseases Hospital.

The place of this hospital in the Maternity and Child Welfare Scheme consists of the reception and treatment of cases of puerperal fever and complicated cases of measles and whooping cough; the great value of having such accommodation available has already been fully commented on.

(9) Barshaw Maternity and Child Welfare Hospital.

Accommodation—18 maternity beds and 18 beds for children under 5 years of age.

Staff.—Resident Medical Officer, Dr. Janet B. Higgins.

Anæsthetist, Dr. Ella F. Pringle.

Consultant Obstetric Surgeon, Dr. James Hendry,
Glasgow.

Surgical Specialist for Children's Wards, Dr. A. J.
Hutton, Glasgow.

The nursing staff consists of the Matron, Miss Fergusson, 2 Sisters, 5 Staff Nurses, and 4 Probationer Nurses, while the domestic staff numbers 6.

To all interested in the details of the work carried out in such a hospital, I would recommend the careful study of the most interesting detailed Report of the Resident Medical Officer which will be found in Part II. of the Report; medical men and women will specially appreciate the full clinical details given.

Here I need only give a few of the principal figures, and review briefly the year's work; the hospital was opened in December, 1921, so that we have now had two full working years.

A.—Maternity Wards.

				1923	1922
Number of admissions, ...	...	...	...	311	233
Ante-natal, ...	...	...	...	98	83
In labour, ...	...	...	...	211	147
Post-natal, ...	...	...	...	2	3

Of the 311 admissions, 122 were sent to hospital by medical practitioners, while 187 were referred from the ante-natal clinic: the majority of the cases sent in by the doctors were abnormal or complicated, while most of the necessitous cases came from the ante-natal clinic.

It is extremely gratifying to find that more and more advantage is being taken of the facilities afforded by the Maternity Wards as evidenced by the large increase in the admissions, and I should like again to thank medical practitioners for their active and cordial co-operation, all the more welcome when it is remembered that such a helpful spirit of co-operation does not always exist between a Health Authority and the local medical men. The large total of admissions is all the more gratifying when we take into account the fact that the only normal cases admitted are those who either cannot afford to pay a doctor or midwife, or who, because of inadequate housing accommodation, would be exposed to unnecessary risks if confined at home; I have no doubt that if ordinary normal cases were to be admitted, we would require about double the number of beds we have at present. In view of the figures for the first two working years, there can be no question of the success of the hospital, and there is no doubt that there is a real demand for the facilities afforded there, and that the public are willing to pay for them.

I am very glad to be able to record an increased number of admissions to the ante-natal wards. Of the 98 admissions, 25 were cases of albuminuria, and 12 were suffering from ante-partem hæmorrhage, all being cases which required prompt and effective treatment. The great importance of this ante-natal work has already been fully dealt with.

The number of confinements was 248, as against 201 in 1922; of these, 139 may be classified as normal. There were 29 stillbirths, many of which might probably have been avoided with proper ante-natal supervision and treatment.

There were 5 maternal deaths, 2 due to placenta prævia, 1 to eclampsia, 1 to septicæmia, and 1 to chorea and septicæmia.

Dr. James Hendry, Consultant Obstetric Surgeon, was called in on 41 occasions, as follows: 18 consultations, 12 consultations with minor operations, 11 consultations with major operations. There can be no doubt as to the necessity for a Consultant Surgeon, and Dr. Hendry's services are keenly appreciated both by the staff and by the public.

B.—*Children's Wards.*

The number of admissions were 143, of which 59 were medical and 84 surgical cases; of the total, 70 were infants under 1 year, 37 between 1 and 3 years, and 36 between 3 and 5 years. Compared to 1922, the age incidence is rather higher because of the increased number of surgical cases admitted for operation. There were 12 deaths, 10 of which occurred in the medical wards.

Of the 59 medical admissions, 35 may be classified as cases of marasmus, *i.e.*, marked wasting and debility, due in most cases to inability to assimilate ordinary food. The treatment and nursing of such cases involves infinite patience, as it is only by careful, scientific investigation in each case that a method of feeding, suitable to individual requirements, can be arrived at; they are expensive to treat, as a prolonged period of residence is usually required, but the experience gained, in my opinion, justifies the expenditure.

The work in the surgical wards was much heavier than during 1922, 204 operations being performed, as compared to 98. This

increase was due to the development of what may be termed the "out-door" department. "Out-door" cases are chiefly young breast-fed babies requiring minor operations; they are not actually admitted to hospital, but are brought up early in the morning, operated on in the forenoon, and sent home between 4 P.M. and 5 P.M.; 116 "outdoor" cases were operated on during the year. Apart from the operations, these cases also involved 145 consultations either with Dr. Higgins or with Dr. Hutton, the Surgical Specialist. The work of this "out-door" department is at once effective and economical, and enables us to utilise the indoor accommodation for cases requiring actual nursing.

41 cases of tonsils and adenoids were operated on; these cases are detained, on an average, for 5 to 6 days, and the uniformly healthy condition of the throat on discharge appears to justify this period of indoor treatment.

Dr. Hutton may be congratulated on the growing appreciation of his work, as shown by the increased willingness on the part of the parents to bring their children for advice and treatment.

C.—Contributions of Patients towards Cost of Treatment.

Patients confined in the maternity wards are required to contribute according to their household income; the great majority of these patients, of course, receive £2 as Maternity Benefit. During 1923, a total of £495 was collected, compared with £286 during 1922. A definite scale of contributions—outlined below—has been fixed, and the system, on the whole, works satisfactorily: payment by instalments is accepted in certain circumstances. The present scale of charges is, in my opinion, fair and just, and involves no hardship, but I would strongly deprecate any suggestion to raise these charges; it should always be remembered that Barshaw is a municipal hospital, not a private nursing home, existing primarily for the benefit of the women and children of Paisley who require expert treatment, and I believe that the great majority of the ratepayers do not grudge the cost of its upkeep, and would strongly object to unnecessarily high contributions being exacted.

D.—*Scale of Fees for Maternity Cases.*

- (1) Cases under "Necessitous Scale" with no Maternity Benefit—
No charge.
- (2) Cases under "Necessitous Scale" with Maternity Benefit—
15s. per week.
- (3) Non-necessitous cases under 40s. (weekly income). *plus*
Maternity Benefit—£1 per week.
- (4) Non-necessitous cases between 40s. and 50s., *plus* Maternity
Benefit—£1 5s. per week.
- (5) Non-necessitous cases between 50s. and 60s., *plus* Maternity
Benefit—£1 10s. per week.
- (6) Non-necessitous cases above 60s., *plus* Maternity Benefit—£2
and upwards per week.

Present scale of "Necessity," 9s. per adult and 6s. per child.

In concluding this brief review of the work under the Maternity and Child Welfare Scheme, I must once more express my gratitude to the medical and nursing staff, who have tackled the increased work with their customary keenness and enthusiasm. Especially would I thank Dr. Pringle and Dr. Higgins for the inspiring lead given to their respective staffs.

PREVENTION AND CONTROL OF TUBERCULOSIS.

INCIDENCE OF THE DISEASE.

The principal statistics for the year are as follows:

Pulmonary Tuberculosis.—At the beginning of the year there were 454 cases under observation; 124 cases were notified during the year; there were 71 deaths; and at the end of the year, 482 cases remained under observation. 97 cases were removed to hospital.

The phthisis death rate for the year was 0·83 per 1,000.

Non-Pulmonary Tuberculosis.—At the beginning of the year, there were 404 cases under observation; 93 cases were notified during the year; there were 34 deaths; and at the end of the year 461 cases remained under observation. 23 cases were removed to hospital.

The death rate for all forms of tuberculosis was 1·22.

Notifications of pulmonary tuberculosis showed a slight, but welcome, decrease compared with the average figures of recent years; the death rate also was correspondingly lower.

Age Incidence of Pulmonary Cases notified during 1923.

Under 1 year, ...	...	...	...	3
1 to 5 years, ...	...	...	...	8
5 to 15 years, ...	...	...	...	10
15 to 25 years, ...	...	...	...	33
25 to 45 years, ...	...	...	...	53
45 to 65 years, ...	...	...	...	15
Over 65 years, ...	...	...	...	2

As regards non-pulmonary disease, notifications were about the average level of recent years. The death rate from all forms of tuberculosis was rather lower than the average figure.

Age Incidence of Non-Pulmonary Cases notified during 1923.

Under 1 year, ...	...	...	...	4
1 to 5 years, ...	...	...	...	31
5 to 15 years, ...	...	...	...	26
15 to 25 years, ...	...	...	...	19
25 to 45 years, ...	...	...	...	11
45 to 65 years, ...	...	...	...	2

Notifications of non-pulmonary tuberculosis may be classified as follows, according to the localisation of the principal lesion at the time of notification:

Glands,	...	...	...	...	22
Abdomen,	...	...	...	...	22
Meninges,	...	...	...	...	15
Generalized,	...	...	...	...	10
Genito-urinary,	...	...	...	...	9
Joints,	...	...	...	...	7
Bones,	...	...	...	...	5
Skin,	...	...	...	...	3

The following table shows the relation of the housing and economic factors to the incidence of the 217 cases notified during the year:

HOUSES.	No. of Cases.	Percentage of Total Cases.	Average No. of Inmates.	Weekly Household Income.		
				Under £2	Between £2 and £3	Over £3
1 Apartment,	... 39	17·9	4·9	16	15	8
2 Apartments,	... 91	41·9	6·0	17	25	49
3 Apartments,	... 32	15·2	6·8	1	6	25
Over 3 Apartments,	10	4·6	...	...	..	...

Extra-burghal cases, institutional cases, etc., numbered 45.

The figures given above require no particular comment. Tuberculosis is essentially a disease of under-nutrition and faulty environment. At the present time, we are compelled to concentrate on fighting established disease. There is little hope of appreciably reducing the incidence until the root causes—under-nutrition, atmospheric pollution, impure milk, bad housing and overcrowding—are seriously tackled; they never will be effectively tackled, I am afraid, until those who are responsible for the public health have behind them the full driving force of an educated public opinion.

SCOPE OF THE PRESENT SCHEME.

Staff.—Chief Tuberculosis Officer, 1 Assistant Tuberculosis Officer, 1 Tuberculosis Nurse.

The work carried out during the year may be reviewed under three headings:

- (1) Domiciliary Treatment.
- (2) Dispensary Treatment.
- (3) Institutional Treatment.

Domiciliary Treatment.—It is rather difficult in Paisley to secure satisfactory conditions for home treatment of cases. 69 per cent. of the houses are of one or two apartments, making it practically impossible to secure effective isolation of the patient; it is our routine practice, therefore, in practically all cases to offer institutional treatment.

There will always, however, be many cases who, for various reasons, remain at home, and the Tuberculosis Staff tries to assist these patients as far as possible.

The Tuberculosis Nurse visits frequently, and advises as to the best means of caring for the patient and preventing the spread of infection. A number of beds are available for lending out to necessitous cases in order to secure at least "bed" isolation where "room" isolation is impossible. Deserving cases also receive assistance in the shape of weekly allowances of eggs, milk, butter, etc., 13 cases receiving help in this way during 1923.

A very much larger sum of money would have to be devoted to domiciliary treatment but for the fact that in Paisley we have two voluntary agencies whose funds are utilised for helping tuberculous cases. These are (1) The James Clark Bequest Fund, administered through the Royal Alexandra Infirmary Committee of Management. This fund grants assistance in the shape of weekly money grants to supplement the family income. The wretched economic conditions of the past few years have made this form of assistance all the more welcome, and the available income of the fund has been fully utilised. (2) The Renfrewshire Memorial to the late King Edward. Here the funds are devoted to the welfare of tuberculous patients throughout the County Area. Last year it was considered advisable to use Paisley's share of the available funds to paying rents for deserving patients, and in this way 11 cases received assistance. This fund is also available for grants of clothing, dental treatment, and other benefits.

I have also this year to acknowledge assistance received for several cases from the United Services Fund through the kind agency of Colonel Stewart Coats. This fund is available for granting assistance to ex-service men suffering from tuberculosis, in cases where it has been decided that the illness is neither attributable to nor aggravated by war service, and where,

therefore, no pension is granted. Where it is desirable that such cases should undergo institutional treatment, the United Services Fund, where necessary, gives money grants to help to maintain the patient's dependants. This new source of assistance is most welcome, and will enable many deserving ex-service men to enter a sanatorium with easy minds, in the knowledge that their families will be looked after in their absence.

It must be acknowledged, I think, that Paisley ratepayers are exceptionally fortunate in having such funds available.

Dispensary Treatment.—The Municipal Dispensary in Bridge Street is open on two afternoons weekly, each session lasting about two hours. I subjoin a table giving the principal figures relating to the work done there during the last four years:

	1920	1921	1922	1923
Total attendances, ...	1,902	2,168	2,459	2,440
Average monthly attendances,	158	180	205	203
Primary consultations, ...	187	191	185	148

The two most important functions of the Dispensary are that it forms the best centre for observation and diagnosis of early cases, and also it enables us to maintain regular medical supervision of ex-sanatorium patients. Early cases of tuberculosis frequently require observation for several weeks before a definite diagnosis can be arrived at, and we could only maintain the necessary observation through a centre like the Dispensary.

Institutional Treatment.—Much has been said and written of recent years regarding the so-called “failure” of institutional treatment. A Report such as this is hardly a suitable medium through which to discuss such a debatable question. I would like, however, to emphasise the fact that institutional treatment still offers the only hope of arresting the disease to the great majority of tuberculous patients. Until the root, causal factors of tuberculosis are seriously tackled, public opinion will not tolerate a purely passive attitude towards the individual patient, and at present there is no alternative to institutional treatment.

I subjoin a table showing the interval which elapsed between notification and death in the 71 cases of pulmonary tuberculosis

who died during the year; no method of treatment will ever be successful as long as so many cases are not brought to our notice until they are in an advanced stage of the disease.

Notification first received from the Registrar of Deaths, ...	5
Number of deaths occurring within 1 month of notification,	6
„ between 1 and 3 months of notification,	12
„ between 3 and 6 months of notification.	11
„ between 6 and 9 months of notification,	9

In the remaining 28 cases, the interval between notification and death was over 9 months.

I would specially direct the attention of medical practitioners to the above table.

INSTITUTIONAL ACCOMMODATION AVAILABLE FOR PAISLEY CASES.

Gockston Hospital.—24 beds, under the control of the Local Authority.

This hospital serves the most useful function of acting as a “clearing-house” for practically all cases requiring institutional treatment. The patients are there kept under observation for varying periods until a final decision as to the form of treatment required can be made. Such a hospital is an absolutely essential part of any Tuberculosis Scheme.

The principal figures for 1923 are as follows:

In hospital at beginning of year,	22—11 males. 11 females.
Admitted during the year, ...	61—29 males. 32 females.
Deaths during the year, ...	12— 4 males. 8 females.

Craw Road Institution.—30 beds, under the control of the Parish Council.

In hospital at beginning of year,	28—19 males, 9 females.
Admitted during the year, ...	55—39 males, 16 females.
Deaths during the year, ...	17—11 males. 6 females.

Up to 15th May, the cost per patient per week was 30s. 10¼d.; after 15th May, 24s. 5¼d. Excellent work is done at this hospital.

especially for the surgical cases, the Medical Officer, Dr. Hugh Donald, taking a keen interest in their treatment and progress.

Bridge of Weir Sanatorium.—Under voluntary control.

In hospital at beginning of year,	9— 5 males, 4 females.
Admitted during the year, ...	7— 3 males, 4 females.
Deaths during the year, ...	1 female.

During the year, the cost per patient per week was 45s. Owing to the keen demand from all parts of Scotland for beds in this sanatorium, patients have frequently to wait for weeks or longer before securing admission; only carefully-selected, “early” cases are sent, and the results are almost invariably satisfactory.

Biggart Memorial Home, Prestwick.—Under voluntary control. Pre-tuberculous cases who require open-air treatment and proper feeding in order to prevent the development of active disease are sent to this institution. During 1923, 5 cases were treated there, and the value of such preventive treatment cannot be questioned.

Peesweep Sanatorium.—This sanatorium is maintained by the Thread Mills for the benefit of their female employees; the available accommodation is practically always fully utilised. This form of welfare work is well worthy of emulation.

Observation Pavilion, Bridge Street Hospital.—It was not found necessary to utilise this accommodation during the year. Now that Gockston Hospital is to be solely devoted to the treatment of tuberculosis, it will not be necessary in future to reserve this ward, which was really only suitable for the nursing of advanced, bed-ridden patients.

Proposed Joint County Sanatorium.—During 1923, no action was taken to revive this project, which was temporarily abandoned in 1921 owing to the necessity for avoiding fresh expenditure. It is to be hoped, however, that ultimately, when building costs reach a reasonable level, the project will be carried out: until a modern sanatorium is available, our Tuberculosis Scheme is quite incomplete.

Throughout the year, the Tuberculosis Staff continued to carry on their arduous work with customary energy and enthusiasm.

VENEREAL DISEASES SCHEME.

The scheme of the Local Authority came into full working operation in October, 1922.

The principal features are as follows:

- (1) *Facilities for Laboratory Diagnosis.*—Wassermann tests are carried out at the Municipal Laboratory, Glasgow, while the rest of the bacteriological work is done either at the Clinic in Craw Road or at the Fever Hospital Laboratory.
- (2) *Supplies of Salvarsan, etc.*, are available free of charge for the use of duly qualified medical practitioners.
- (3) *Clinic for Out-door Cases.*
- (4) *Ward Accommodation in Craw Road Hospital* for those requiring indoor treatment.
- (5) *Educational and Publicity Campaign.*

Municipal Clinic for Out-door Cases.

This is situated in the grounds of the Craw Road Hospital, and consists of a large wooden hut, providing the following accommodation:

- (1) Large waiting room with office attached; (2) 4 small dressing cubicles; (3) Consulting room for Medical Officer; (4) Laboratory and sterilising room; (5) Special treatment room; (6) "606" room; (7) Irrigation room for males, with 5 cubicles; (8) Irrigation room for females, with 2 cubicles; (9) Dispensary, etc.

The clinic is owned and controlled by the Local Authority. The staff consists of a part-time Medical Officer—Dr. Hugh Donald—a whole-time male orderly—Mr. Thomas P. M'Geehan—a part-time clerk, and two nurses for attendance on the female patients. The Medical Officer consults three days a week, while the clinic is open every day for irrigations, dressings, etc.

I subjoin a tabular statement of the principal statistics for 1923, which are specially interesting and instructive, as they present the main features of the first year's work:

		Syphilis.	Gonor- rhœa.	Soft Sore.	Mixed Infection.	Balan- itis.	Other Diseases.
(1) <i>No. of new cases</i> , 275							
Males,	-	44	107	6	5	16	56
Females,	-	23	10	...	...	...	8
Total,	-	67	117	6	5	16	64

(2) <i>Total</i> <i>attendances</i> , 7,611							
Males,	-	668	5,791	71	104	110	216
Females,	-	410	212	...	...	...	29
Total.	-	1,078	6,003	71	104	110	245

(3) *Average daily attendances* (including Sunday), 21.

(4) *Cases from outwith Paisley*, Glasgow, 14; Johnstone, 13; Barrhead, 5; Renfrew, 5; Greenock, 4; Linwood, 2; Neilston, 2; Cardonald, 2; Houston, 1; Pollokshaws, 1; Dalmuir, 1; Clydebank, 1; Kilbirnie, 1; Elderslie, 4.

(5) *Laboratory work*:

Specimens examined by staff of Centre,	...	352
Specimens sent to Glasgow,	...	153
Total,	...	505

The above figures will surely convince those who doubted the necessity of establishing such a clinic that the action of the Local Authority was fully justified. The attendances of such large numbers so early in a new venture indicate not only the necessity for local action in dealing with venereal diseases, but also that patients are ready and anxious to take advantage of local facilities for treatment. Venereal diseases can undoubtedly be cured if patients place themselves under expert treatment at an early stage, and continue that treatment until certified cured by their medical officer.

Hospital Accommodation for Indoor Cases.

A ward of 13 beds is available in Craw Road Hospital, 4 of the beds being reserved for patients from Greenock.

The Parish Council is responsible for the maintenance and treatment of these cases, the cost of course being refunded by the Local Authority.

During 1923, 45 cases received treatment, 32 of that number being Paisley cases; Greenock (5), Johnstone (5), Barrhead (2). and Glasgow (1) made up the total.

Thanks are due all the members of the staff, who have worked with such praiseworthy energy to make this new venture a success: the Local Authority is very fortunate in having such an enthusiastic expert as Dr. Hugh Donald in charge, as the personality of the Medical Officer is a big factor in such work. I should also like to express my indebtedness to the Parish Council officials at Craw Road Institution, who have been consistently helpful throughout.

HOUSING (SCOTLAND) ACTS, 1909 TO 1919.

Under the Corporation Housing Scheme, 414 houses were to be erected, and these have now all been completed and occupied.

In connection with the Government Scheme for the improvement of insanitary areas, the Local Authority have obtained the sanction of the Board of Health for the erection of 102 new houses, and these, when built, will allow of a similar number of uninhabitable houses being closed.

Mr. Kelso, Executive Officer under the Housing Acts, reports that under Section 17 of the 1909 Act, 383 houses were inspected, of which 203 were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation. In 72 of the houses, repairs were carried out which effected considerable improvement. Under Section 25 (1) of the Act of 1919, 55 notices were served regarding houses which were not reasonably fit for human habitation, and the necessary repairs were duly executed. The defects found are generally of a bad structural nature, rather than ordinary want of repair, but the continued shortage of houses blocks the way of closing the uninhabitable ones.

It is unnecessary, I think, to emphasise the continued shortage of houses. I would simply draw attention to the instructive table of birth statistics in Part II. of the Report, which shows that, during 1923, 245 births occurred in houses of 1 or 2 rooms where the unfortunate parents were only lodgers.

BLIND PERSONS ACT, 1920.

A Joint Committee, representing all the Local Authorities in the West of Scotland, now administer this Act, Paisley being represented by the Convener of the Public Health Committee. The available figures show that there are 91 blind persons in Paisley, of whom 17 are resident in Poor Law Institutions. During 1923, 5 persons from Paisley applied for admission for the purpose of training to the Royal Glasgow Asylum for the Blind: they were interviewed, and found suitable by the Committee, and have since been admitted to the Hostel. The Renfrewshire Education Authority will be responsible for their technical training, while the cost of their maintenance, £65 per head per annum, will be borne by the Local Authority.

MEAT INSPECTION—PUBLIC SLAUGHTERHOUSE.

During the year, the Public Health (Meat Inspection) Regulations (Scotland), 1923, came into operation. The main provisions of these important Regulations may be summarised as follows:

- (1) Meat Inspectors, *i.e.*, officers who may condemn diseased meat, must be either (*a*) the Medical Officer of Health of the area, (*b*) a qualified Veterinary Surgeon, or (*c*) an officer with at least 7 years' practical experience of the work, and duly certificated by the Scottish Board of Health.

Mr. Hugh Cameron, Superintendent of the Burgh Slaughterhouse, was appointed Meat Inspector by the Local Authority.

- (2) All slaughtering, dressing, inspection, and seizure of carcasses must be carried out according to regulations prescribed by the Board.

This will ensure a welcome uniform standard of work.

- (3) Except in cases of emergency, all slaughter must take place in a slaughterhouse.
- (4) Local Authorities are empowered to use a distinctive mark on all meat passed as sound.
- (5) The selling of meat or meat products from any vehicle or booth is prohibited unless the vendor has received authorisation from the Local Authority, who must be satisfied as to the provision for storage, etc., of such meat; such authorisation may, in the interests of Public Health, be withdrawn at any time.

This important provision is adoptive.

I subjoin the usual table summarising the work carried through at the Burgh Slaughterhouse, which Mr. Cameron continues to manage with his customary efficiency; the number of animals dealt with shows a decrease compared with 1922, accounted for by the serious outbreak of Foot and Mouth Disease.

Class of Animal.	Total Slaughtered.	Carcases Totally Condemned.	Carcases Partially Condemned.	Carcases in which Organs only were Condemned
Cattle, -	6,837	68	62	684
Calves, -	2,487	17	...	5
Sheep, -	14,617	2	...	219
Swine, -	2,705	4	...	100
Totals, -	26,646	191	62	1,008

Of the 1,161 diseased animals, 1,019 were affected with tuberculosis, of which 72 were totally condemned and 47 partially condemned.

The weight of meat condemned during the year amounted to 14 tons 11 cwt.

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

The Milk (Special Designations) Order (Scotland), 1923, issued by the Scottish Board of Health under powers contained in the above Act, authorises the Local Authority to issue licences for the sale of four grades of milk—"Certified," "Grade A. (Tuberculin Tested)," "Grade A.," and "Pasteurised."

One application was received for a license to sell pasteurised milk, and was granted. Regular bacteriological examinations of this milk are made, and the results well illustrate the marked difference in cleanliness of the milk treated and bottled under modern conditions at this Central Creamery. compared with ordinary, untreated milk.

3 applications have also been received for dealer's licences to sell certified milk, which represents the ideal standard as regards composition and cleanliness; this milk is produced from tuberculosis-free cows, under very strict sanitary conditions and supervision, and is cooled and bottled in sterilised bottles on the producer's premises. Unfortunately, the high price of certified milk makes it a luxury which the great mass of the people simply cannot afford.

I would again express my belief that little progress towards a purer milk supply will be made until legal standards are established, and the Milk and Dairies Act, 1914. and the Tuberculosis Order, 1914,—or new legislation on similar lines—are brought into force.

SEWAGE PURIFICATION AND REFUSE DISPOSAL.

Last year I reported that the important question of the purification of the River Cart—postponed because of the War—had been considered, and that it had been decided to erect a small experimental plant to determine the efficacy of the Activated Sludge System for dealing with the town sewage. A suitable site for this experimental scheme has since been secured, and its development is awaited with interest.

In October, 1923, the construction of the new Refuse Destructor was completed, at a cost of £4,230 17s. 9d., and the results obtained have been entirely satisfactory. It can incinerate regularly 75 tons of unscreened refuse per day of two 8-hour shifts, reducing the refuse down to 26 per cent. in weight of residuals, and has proved capable of dealing with more refuse in two 8-hour shifts than the old furnace could deal with latterly in three 8-hour shifts.

FACTORIES AND WORKSHOPS.

Excluding bake-houses, there are 180 workshops on the register, and 265 inspections were made of those most requiring attention. 3 notices were received from H.M. Inspector of Factories regarding change of address, 3 regarding sanitary conveniences in a dirty condition, 1 regarding a dirty stair leading to a workshop, 1 regarding insufficient ventilation, and 1 regarding a workshop requiring white-washing, all of which received attention.

In terms of the Home Work Order, 18 lists of outworkers were received, relating to 150 outworkers, 145 of whom were employed within the Burgh. 3 lists were received from other Authorities, while 4 lists were sent to other Authorities. No exception could be taken to the houses where the work was being done.

There are 54 bake-houses in the town, none of which are underground. Frequent inspections were made throughout the year, and 6 notices from H.M. Inspector of Factories received immediate attention; 4 of the notices referred to the necessity of more regular lime-washing, and 2 to dirty walls and floors.

PART II.

STATISTICAL TABLES AND RETURNS.

PART II.

STATISTICAL TABLES AND RETURNS.

A.—MATERNITY AND CHILD WELFARE SCHEME.

BIRTH STATISTICS.

	<i>1923.</i>
Total number of Births (corrected), ...	2,020
Number of Illegitimate Births, ...	84
„ Births in 1-roomed houses, ...	532
„ Births in 2-roomed houses, ...	802
„ Births in 1-roomed houses where the parents were lodgers, ...	49
„ Births in 2-roomed houses where the parents were lodgers, ...	196
„ Births in Barshaw Hospital	247
„ Births in Other Institutions, ...	54
„ Infants “breast-fed” at first visit, ...	1,741
„ Infants “bottle-fed” at first visit, ...	126

CAUSES OF STILL-BIRTHS DURING 1923.

TOTAL, 82.

Contracted Pelvis and Instru- mental Delivery, ... 5	Transverse Presentation, ... 2
Prematurity, ... 6	Cord Presentation, ... 1
Previous history of Still-birth (probably syphilitic), ... 10	Maternal Shock before Birth. 2
Placenta Prævia, ... 3	Maternal Strain during Pregnancy, ... 4
Eclampsia and Albuminuria, 2	Maternal Influenza or Pnen- monia, ... 2
Breech Presentation, ... 1	Unknown Causes, ... 44

STATISTICS RELATING TO ANTE-NATAL CLINIC.

	1923
Number of Sessions, ...	99
Number of expectant mothers attending, ...	404
Total Attendances, ...	1,408
Average attendance per session, ...	14.22

Sources from which Cases were drawn:—

1. Recommended by midwives, ...	41
2. Referred from doctors, ...	26
5. Recommended by friends or relatives, ...	25
6. Unrecommended, ...	312

Classification of Ailments:—

Minor ailments of Pregnancy, ...	258
Albuminuria, ...	29
Venereal Diseases, ...	3
Hyperemesis Gravidarum, ...	12
Anæmia, ...	9
Cardiac Disease, ...	10
Pulmonary Tuberculosis, ...	9
Still-Births and Miscarriages, ...	23
Ante-partum Hæmorrhage, ...	6
Gynæcological conditions, ...	22
Contracted Pelvis, ...	20
Epilepsy, ...	1
Placenta Prævia, ...	2

187 patients were referred from the Clinic to
Barshaw Hospital.

BRIDGE STREET CLINIC FOR MOTHERS AND CHILDREN.

	1923.
Number of sessions, ...	203
,, new patients attending, ...	1,004
,, old patients re-attending, ...	708
Total attendances, ...	7,691
Average attendance per session, ...	37.88
Number of infants under 1 year attending, ...	626
,, children, 1-5 years, attending, ...	748
,, illegitimate children attending, ...	45

Methods of feeding of infants during first nine months—

1. Breast, ...	360
2. Bottle, ...	117
3. Breast and bottle, ...	48

Children attending once only, ...	112
Children referred to Hospitals, ...	104
Number of nursing mothers attending, ...	352
Total attendances of nursing mothers, ...	1,530

CLASSIFICATION OF CASES ACCORDING TO DISEASE.

A—Children—

Healthy, ... 65	Verues, ... 48
Digestive disorders, ... 266	Dental Caries, ... 39
Respiratory disorders, ... 218	Eye affections, ... 23
Skin affections, ... 108	Ear affections, ... 18
Rickets, ... 108	Congenital Syphilis, ... 6
General debility, ... 138	Marasmus, ... 92
Tuberculosis, ... 26	Mongolian Idiocy, ... 3
Surgical conditions, ... 39	Congenital Deformities, ... 2
Tetany, ... 1	

B—Nursing Mothers—

Agalactia, ...	94
Gynæcological conditions, ...	10
Debility and minor ailments, ...	233
Tuberculosis, ...	4

GREAT HAMILTON STREET CLINIC FOR MOTHERS AND CHILDREN.

1923.

Number of sessions, ...	51
„ new patients attending, ...	197
„ old patients re-attending, ...	196
Total attendances, ...	2,776
Average attendance per session, ...	54.43
Number of infants under 1 year attending, ...	164
„ children, 1-5 years, attending, ...	159
„ illegitimate children attending, ...	11

Methods of feeding of infants during first nine months—

1. Breast, ...	110
2. Bottle, ...	27
3. Breast and bottle, ...	12

Children attending once only, ...	48
Children referred to Hospitals, ...	27
Number of nursing mothers attending, ...	104
Total attendances of nursing mothers, ...	661
Number of expectant mothers attending, ...	52
Total attendances of expectant mothers, ...	183

CLASSIFICATION OF CASES ACCORDING TO DISEASE.

A—Children—

Healthy, ...	53	Vermes, ...	16
Digestive disorders, ...	82	Dental Caries, ...	20
Respiratory disorders, ...	46	Eye affections, ...	3
Skin affections, ...	29	Ear affections, ...	9
Rickets, ...	17	Congenital Syphilis, ...	2
General debility, ...	33	Mongolian idiocy, ...	1
Tuberculosis, ...	1	Marasmus, ...	6
Surgical conditions, ...	13	Congenital deformities, ...	1

B—Nursing Mothers—

Agalactia, ...	41
Debility and minor ailments, ...	58

GEORGE STREET CLINIC FOR MOTHERS AND CHILDREN.

	1923.
Number of sessions, ...	48
,, new patients attending, ...	296
,, old patients re-attending, ...	197
Total attendances, ...	2,762
Average attendance per session, ...	57.54
Number of infants under 1 year attending, ...	212
,, children, 1-5 years, attending, ...	224
,, illegitimate children attending, ...	11

Methods of feeding of infants during first nine months—

1. Breast, ...	143
2. Bottle, ...	37
3. Breast and bottle, ...	20

Children attending once only, ...	96
Children referred to Hospitals, ...	30
Number of nursing mothers attending, ...	141
Total attendances of nursing mothers, ...	621
Number of expectant mothers attending, ...	59
Total attendances of expectant mothers, ...	198

CLASSIFICATION OF CASES ACCORDING TO DISEASE.

A—Children—

Healthy, ...	89	Surgical conditions, ...	28
Digestive disorders, ...	78	Vermes, ...	18
Respiratory disorders, ...	60	Dental Caries, ...	16
Skin affections, ...	40	Eye affections, ...	7
Rickets, ...	34	Ear affections, ...	2
General debility, ...	36	Congenital Syphilis, ...	3
Tuberculosis, ...	2	Marasmus, ...	12
Mongolian Idiocy, ...	1		

B—Nursing Mothers—

Agalactia, ...	35
Gynæcological conditions, ...	1
Debility and minor ailments, ...	93

MOSSVALE CLINIC FOR MOTHERS AND CHILDREN.

1923.

Number of sessions, ...	50
„ new patients attending, ...	197
„ old patients re-attending, ...	180
Total attendances, ...	1,728
Average attendance per session, ...	34.56
Number of infants under 1 year attending, ...	153
„ children, 1-5 years, attending, ...	119
„ illegitimate children attending, ...	9

Methods of feeding of infants during first nine months—

1. Breast, ...	100
2. Bottle, ...	26
3. Breast and bottle, ...	6

Children attending once only, ...	35
Children referred to Hospitals, ...	12
Number of nursing mothers attending, ...	73
Total attendances of nursing mothers, ...	382
Number of expectant mothers attending, ...	26
Total attendances of expectant mothers, ...	88

CLASSIFICATION OF CASES ACCORDING TO DISEASE.

A—Children—

Healthy, ...	53	Vermes, ...	3
Digestive disorders, ...	39	Dental Caries, ...	10
Respiratory disorders, ...	49	Eye affections, ...	3
Skin affections, ...	29	Ear affections, ...	9
Rickets, ...	12	Congenital Deformities, ...	1
General debility, ...	26	Mongolian Idiocy, ...	2
Tuberculosis, ...	2	Marasmus, ...	16
Surgical conditions, ...	14		

B—Nursing Mothers—

Agalactia, ...	21
Gynæcological conditions, ...	1
Debility and minor ailments, ...	48
Tuberculosis, ...	1

SUMMARY OF WORK AT DENTAL CLINIC.

			1919.	1920.	1921.	1922.	1923.
Number of Sessions, ...	...	8	33	93	98	98	
Total attendances, ...	...	44	280	687	857	1,059	
Average attendance per session,	5·5		8·4	7·3	8·7	10·8	
Extractions, ...	...	62	125	336	256	371	
Dressings, fillings, etc.,	...	1	183	429	510	632	
Examinations, ...	...	—	18	61	193	198	
Number of new patients attending,	—		—	164	165	248	

LOCAL SUPERVISING AUTHORITY, MIDWIVES (SCOTLAND) ACT.

EXTRACTS FROM THE REPORT BY THE MEDICAL OFFICER FOR THE YEAR 1923.

Number and Classification of Midwives.

Total number on roll, ...	42
Number of Midwives holding C.M.B. Certificate or its equivalent, ...	15

Supervision of Midwives.

Dr. Pringle, Assistant Inspector of Midwives and Assistant Medical Officer under the Maternity and Child Welfare Scheme, paid 82 domiciliary visits to midwives throughout the year, and in the great majority of cases registers, bags, etc., were in satisfactory order.

Co-operation between the Midwives and the Health Department continues to be a feature of the work, and Dr. Pringle has had frequent personal interviews with midwives at the Health Office for the purpose of giving advice on difficulties arising out of their work. In last year's report, I recorded that by special request Dr. Pringle had agreed to become President of the local Branch of the Midwives Association. A complete re-organisation of the Branch was undertaken with gratifying results, and towards the end of the year Dr. Pringle resigned her position, as it was felt that it would be preferable for the midwives to manage their own affairs.

Five midwives were reported to me for minor offences against the rules of the Central Midwives Board, and were reprimanded; it was not considered necessary to report any case to the Board.

Notifications of ophthalmia neonatorum numbered 66, an increase of 8 over the figures for 1922; of these, 56 occurred in the practice of midwives, 7 in the practice of medical practitioners, and 3 in institutions. The total number of notifications appears large, but, on investigation, only 18 could be described as really acute, serious cases, the remainder being merely slight, transient inflammations which quickly cleared up. Domiciliary visits were paid to the more serious cases, which were all referred to the Eye Infirmary, with the usual excellent results.

Births in Area.

Total number of births during 1923,	...	...	2,026
Total number of deaths of new-born children (within 10 days) during 1923,	...	...	55
Actual number of births attended by midwives during 1923,	...	...	1,117
Percentage of total births attended solely by mid- wives during 1923,	...	...	55.13
Actual number of deaths of new-born children (within 10 days) occurring in the practice of midwives during 1923,	...	...	14
Actual number of cases not attended by a doctor or midwife during 1923—			
Births,	...	...	0
Deaths,	...	...	0

Cases of Ophthalmia Neonatorum.

Total number of cases during 1923,	...	66
Actual number of cases occurring in the practice of midwives during 1923,	...	56
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1923,	...	0

Cases of Puerperal Sepsis.

Total number of cases during 1923,...	...	...	8
Total number of deaths during 1923,	...	...	5
Actual number of cases occurring in the practice of midwives during 1923,	...	...	0
Actual number of deaths occurring in the practice of midwives during 1923,	...	...	0
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1923—			
Cases,	...	...	0
Deaths,	...	...	0

Cases of Still-Birth.

Total number of cases during 1923,...	...	...	82
Actual number of cases occurring in the practice of midwives during 1923,	...	...	25

Cases of Emergency.

Number of cases in which medical practitioners were called in under Section 22 of the Act. ...	97
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BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL.

REPORT FOR YEAR 1923.

MATERNITY WARDS.

In hospital, 1st January, 1923, ...	33
Ante-natal, ...	2
Natal, ...	16
Infants, ...	15
Number of admissions during 1923, ...	311
Ante-natal, ...	98
Natal, ...	211
Post-natal, ...	2
Recommended by—	
Medical Practitioners, ...	122
Ante-natal Clinic, ...	187
Midwife, ...	1
Emergency, ...	1
In hospital, 31st December, 1923, ...	24
Ante-natal, ...	3
Natal, ...	13
Infants, ...	8
Average daily number in residence—	
January—March, ...	13·8
April—June, ...	12·5
July—September, ...	13·9
October—December, ...	13·4
Number of ante-natal cases admitted, ...	98

Ante-natal cases classified according to disease—

Albuminuria, ...	25
Ante-partem hæmorrhage, ...	12
Contracted pelvis, ...	10
Debility, ...	10
False labour, ...	8
Threatened abortion, ...	6
Eclampsia, ...	4
Varicose veins, ...	4
Cardiac disease, ...	3
Uterine fibroid complicating pregnancy, ...	3
Hyperemesis, ...	2
Epilepsy, ...	2
Pyelitis, ...	2
Anæmia, ...	1
Bronchitis, ...	1
Bronchitis plus asthma, ...	1
Chorea, ...	1
Hæmaturia, ...	1
Hæmorrhoids, ...	1
Neuritis, ...	1
Number of patients delivered in hospital, ...	248
Full-time, ...	211
Premature (twin pregnancies, 4), ...	35
Miscarriages, ...	2
Number of still-births, ...	29
Causes of still-birth:	
Mother albuminuric or eclamptic, ...	9
Accidental Hæmorrhage, ...	3
Placenta prævia, ...	3
Failed forceps, ...	6
Malpresentations, breech, transverse, ...	2
Delayed first stage, ...	1
True knot in cord, ...	1
Macerated fœtus, ...	4
Conditions under which craniotomy was performed:	
Failed forceps, ...	4

Number of infant deaths, <i>i.e.</i> , within 2 weeks of birth, ...	11
Premature birth, ...	8
Congenital malformation, heart, ...	1
Convulsions, ...	1
Melæna neonatorum, ...	1
Number of maternal deaths, ...	5
Placenta prævia, ...	2
Eclampsia, ...	1
Septicæmia, ...	1
Chorea and Septicæmia, ...	1
Nature of presentations—	
Vertex (occipito-post, 6), ...	225
Vertex and hand, ...	6
Breech, ...	12
Footling, ...	2
Face, ...	3
Transverse, ...	2
Normal deliveries, ...	139
Normal with ruptured perineum, ...	20
In hospital for ante-natal treatment, or suffering from general condition requiring treatment, ...	89
Complications—	
Ante-partem hæmorrhage, ...	13
Placenta prævia (central), ...	2
Placenta prævia (marginal), ...	3
Prolapsed cord, ...	2
Albuminuria, ...	22
Ante-partem eclampsia, ...	3
Adherent placenta, ...	4
Adherent membranes, ...	6
Post-partem hæmorrhage (inoderate), ...	9
Post-partem hæmorrhage (severe), ...	3
Failed forceps admitted, ...	7

Abnormal deliveries—

Cæsarean section, ...	10
Cæsarean section and hysterectomy, ...	1
Forceps delivery, ...	32
Craniotomy, ...	4
Manual delivery, ...	8
Post-natal cases admitted, ...	2
Adherent placenta and post-partem hæmorrhage, ...	1
Post-partem eclampsia, ...	1

PUERPERAL MORBIDITY.

17 cases (7 per cent.) showed disturbance of temperature equal to B.M.A. standard, *i.e.*, temperature reaching 100·4° F. on more than one occasion between 1st and 9th days of puerperium.

26 cases showed a lesser degree of disturbance of temperature, namely, temperature over 99° F., on more than one occasion between 1st and 10th days of puerperium.

Consultant calls—

Major operations, ...	11
Minor operations, ...	12
Consultations, ...	18

CHILDREN'S WARDS.

In hospital, 1st January, 1923, ...	9
Medical, ...	8
Surgical, ...	1
Total number of admissions during 1923, ...	143
Medical, ...	59
Surgical, ...	84

Average daily number in residence—

January—March, ...	14·8
April—June, ...	11·9
July—September, ...	13·3
October—December, ...	12·8

There was an outbreak of whooping-cough in Surgical Ward in December.

In hospital, 31st December, 1923,	...	...	...	...	7
Medical,	...	...	...	...	7
Surgical,	...	...	...	...	0

Age periods of children admitted—

0—1,	...	...	...	...	...	70
1—2,	...	...	...	...	...	26
2—3,	...	...	...	...	...	11
3—4,	...	...	...	...	...	24
4—5,	...	...	...	...	...	12

Medical cases classified according to disease—

Marasmus,	...	...	...	...	...	35
Gastro enteritis,	...	...	...	...	...	7
Debility,	...	...	...	...	...	7
Tuberculosis,	...	...	...	...	...	3
Premature birth,	...	...	...	...	...	2
Broncho pneumonia,	...	...	...	...	...	1
Bronchitis,	...	...	...	...	...	1
Rickets and broncho pneumonia,	...	...	...	...	...	1
Adenitis,	...	...	...	...	...	1
Purpura hæmorrhagica,	...	...	...	...	...	1

Medical deaths,	...	...	...	...	...	...	10
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Causes of death:

Premature birth,	...	...	...	...	...	1
Marasmus,	...	...	...	...	...	1
Marasmus and convulsions,	...	...	...	...	...	2
Marasmus and broneho pneumonia,	...	...	...	...	...	2
Rickets and broncho pneumonia,	...	...	...	...	...	1
Gastro enteritis,	...	...	...	...	...	2
Purpura hæmorrhagica,	...	...	...	...	...	1

Surgical death,	...	...	...	...	...	...	1
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Cause of death:

Spina bifida (inoperable),	...	...	...	...	...	1
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Death under anæsthetic, ...	1
Outdoor surgical (circumcision), ...	1
Number of operations performed, ...	204
Indoor, ...	88
Outdoor, ...	116
Nature of operations performed—	
Major, ...	24
Hernia, ...	16
Excision of glands, ...	2
Radical cure of hydrocele, ...	1
Hare-lip, ...	1
Cleft palate, ...	1
Meningocele, ...	1
Stenosis of pylorus, ...	1
Undescended testicle, ...	1
Minor, ...	180
Circumcisions, ...	83
Tonsils and adenoids, ...	41
Dilations, ...	19
T.B. abscesses scraped,... ..	10
Other abscesses, ...	5
Plaster, etc., under anæsthetic, ...	9
Hydrocele tapped, ...	5
Circumcision and hydrocele, ...	3
Cysts excised, ...	2
Capillary nævus excised, ...	1
Auriculæ appendage removed,... ..	1
Adenoids removed, ...	1
Surgical consultations—outdoor, ...	145

B.—INFECTIOUS DISEASES.
RETURN OF CASES OF INFECTIOUS DISEASE, 1923.

DISEASE.	Number of Cases coming to the Knowledge of the Medical Officer of Health.									
	At all Ages.	AT AGE—YEARS.							Cases removed to Hospital.	Cases not removed to Hospital.
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		
	1	2	3	4	5	6	7	8	9	10

A.—Diseases specified in the Infectious Disease (Notification) Act, 1889.

Typhoid Fever, ...	3	...	...	1	1	1	...	...	3	...
Scarlet Fever or Scarlatina, ...	33†	6	89	206	17	11	1	1	284	47
Diphtheria & Mem- branous Croup, ...	118	2	38	56	18	4	...	...	117	1
Erysipelas, ...	63	2	1	5	7	16	23	9	20	43
Puerperal Fever, ...	8	...	...	...	1	7	...	...	5	...
Acute Poliomyelitis, ...	...	...	...	...	...	...	...	...	...	7

**B.—Diseases notifiable in terms of Regulations made under Section 78
of the Public Health (Scotland) Act, 1897.**

Ophthalmia Neonatorum, ...	18	18	...	...	...	...	...	...	...	18
Chickenpox, ...	110	12	39	57	...	2	...	...	3	107
Malaria, ...	2	...	...	...	1	1	...	...	...	2
Dysentery, ...	7	1	1	3	1	1	...	...	6	1
Cerebro-Spinal Fever	1	1	...	...	...	...	...	...	1	...
Acute Primary Pneumonia, ...	246	36	87	45	21	30	20	7	173	73
Acute Influenzal Pneumonia, ...	4	...	...	...	2	1	1	...	3	1
Pulmonary Tuberculosis,	124	3	8	10	33	53	15	2	97†	27
Non-Pulmonary Tuberculosis, ...	93	4	31	26	19	11	2	...	23†	70
TOTAL of A and B	1128	85	294	409	121	138	62	19	735	393

**C.—Diseases to which the Provisions of the Infectious Disease
(Notification) Act have been extended by the Local Authority.**

Acute Pneumonia (not otherwise notifi- cable) since 20/9/22, ...	46	10	27	6	...	3	...	...	41	5
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**D. Notified under Local Provisions, not under the Infectious
Disease (Notification) Act, 1899.**

Measles, ...	303	14	113	170	3	3	...	...	9	194
Whooping-cough, ...	196	23	53	118	1	1	...	...	10	180
Chicken-pox, ...	130	1	25	104	...	...	...	...	...	130
Mumps, ...	244	...	13	230	1	...	...	...	...	244

† 13 cases notified in a previous year and removed to Hospital, for the first time during 1923

INFECTIOUS DISEASE—OTHER THAN TUBERCULOSIS.

SUMMARY.

	1923
Number of visits of enquiry, ...	4,013
Patients removed to Hospital, ...	635
Patients removed to Reception House, ...	...
Notices served under Section 50 (2), P.H.S.A., ...	1,172
Notices served under Section 53 (2), P.H.S.A., ...	1,172
Notices served to School Teachers, etc., ...	4,150
Houses, etc., Disinfected, ...	630
Sets of Clothing removed for Disinfection.	731
Articles of Clothing Disinfected, ...	4,841

TUBERCULOSIS.

SUMMARY.

	1923
Number of visits of inquiry, ...	2,361
Average number of cases under observation, ...	910
Houses, etc., disinfected, ...	139
Sets of Clothing removed for Disinfection or for Destruction, ...	62
Articles of Clothing ,, ,, ,, ,, ...	1,005

C.—VITAL STATISTICS.

STATISTICAL SUMMARY FOR 1923.

Estimated Population for 1923, ... 86,027

NUMBERS.	RATES PER 1,000 OF ESTIMATED POPULATION.
	1923
Births (corrected for transcripts), 2,020	Birth Rate (corrected for transcript), 23.5
Do. Illegitimate (corrected for transcripts), 84	Illegitimate Birth Rate, .. 4.2
Marriages (uncorrected), ... 642	Marriage Rate (uncorrected), ... 7.5
Deaths (uncorrected), ... 1,032	Death Rate—
Do. (transferred out), ... 85	(uncorrected), ... 12.0
Do. (transferred in), ... 45	(corrected for transfers), .. 11.5
Do. (corrected) 992	(corrected for transfers and adjusted for age and sex distribution, ... 12.6
	Phthisis (corrected), ... 0.83
	All Tuberculosis (corrected), 1.22
	Principal Epidemic Diseases, 0.58
	Infantile Mortality Rate. ... 66

CAUSES OF DEATH.

A G E.

ALL AGES.

CAUSES OF DEATH.																
Both Sexes.	M.	F.	1	1 -	5	10	15	25	35	45	55	65	75	85 & Over		
Measles, ...	8	3	5	2	4	1	...	...	1	...	...	...	...	...	...	
Scarlet Fever, ...	7	2	5	2	4	1	...	...	...	...	...	...	...	...	...	
Whooping-Cough, ...	11	4	7	5	6	...	...	...	...	...	...	...	...	...	...	
Diphtheria, ...	8	5	3	2	2	4	...	...	...	...	...	...	...	...	...	
Influenza, ...	2	1	1	...	...	...	...	...	...	1	...	1	...	...	...	
Encephalitis Lethargica, ...	2	1	1	...	...	...	...	1	...	1	...	...	...	...	...	
Cerebro-spinal Meningitis, ...	1	1	1	1	...	...	...	...	...	...	...	...	...	...	...	
Other Epidemic Diseases, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Tuberculosis of Respiratory System, ...	71	36	35	...	4	...	2	18	13	6	4	3	...	...	...	
Tuberculous Meningitis, ...	13	6	7	2	4	1	1	5	...	...	...	...	...	...	...	
Tuberculosis of Intestines and Peritoneum, ...	7	3	4	...	1	2	1	2	...	1	...	...	...	...	...	
Other Tuberculous Diseases, ...	14	8	6	1	4	2	2	1	2	...	...	...	...	...	...	
Malignant Tumours, ...	110	51	59	...	...	...	...	6	11	21	25	36	11	...	...	
Rheumatic Fever, ...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	
Meningitis (not Cer. Spin. or Tuberc.), ...	10	5	5	4	2	...	3	...	...	...	...	1	...	...	...	
Apoplexy, ...	74	33	41	...	...	...	...	1	4	3	21	25	20	...	...	
Heart Disease, ...	139	47	92	...	1	4	1	14	11	12	29	44	19	4	...	
Diseases of Arteries, ...	6	3	3	...	...	...	...	...	...	...	3	1	1	1	...	
Bronchitis, ...	41	27	14	2	3	...	...	...	1	2	9	18	5	1	...	
Pneumonia (all forms), ...	62	35	27	14	9	1	3	...	11	4	8	4	7	1	...	
Other Diseases of Respiratory Organs, ...	10	5	5	...	2	...	...	...	1	...	...	...	...	...	...	
Diarrhea and Enteritis (under 2 years), ...	16	10	6	14	2	...	...	...	1	...	1	2	3	1	...	
Appendicitis, ...	13	4	9	...	2	...	5	...	...	...	...	...	...	...	...	
All Liver Diseases (not Malignant), ...	6	1	5	...	...	...	...	...	2	1	2	1	...	...	...	
Nephritis, Acute and Common, ...	26	13	13	...	...	1	4	1	...	1	7	3	1	...	...	
Puerperal Sepsis, ...	5	...	5	...	...	...	...	...	...	...	...	...	...	...	...	
Other Diseases and Accidents of Pregnancy and Parturition, ...	8	...	8	...	...	...	...	...	...	...	...	...	...	...	...	
Diseases of Early Infancy, and Malformations, ...	71	41	30	70	1	...	...	...	...	...	...	...	...	...	...	
Suicide, ...	4	3	1	...	...	...	1	...	...	1	1	1	...	...	...	
Other Violent Deaths, ...	31	20	11	3	6	2	3	3	2	3	4	2	2	1	...	
Other Defined Diseases, ...	208	89	109	10	8	1	3	13	9	26	23	47	50	14	...	
Diseases Ill-defined or Unknown, ...	7	4	3	1	2	...	...	...	...	...	...	...	2	...	...	
ALL CAUSES, ...	992	471	521	133	66	19	14	68	79	86	140	191	121	23	...	

